

FY 2016 Insurance Rates

(Effective July 1, 2015 through June 30, 2016)

	Monthly								
Plan	Premium		Annual Premium	Employee Contribution	52	42	26	21	12
DELTA DENTAL (Low Plan)(100% Paid by Employee)									
Family	93.12		1,117.44	1,117.44	21.49	26.61	42.98	53.21	93.12
Single	35.96		431.52	431.52	8.31	10.27	16.60	20.55	35.96
DENTAL DENTAL (High Plan)(100% Paid by Employee)									
Family	121.06		1,452.72	1,452.72	27.94	34.59	55.87	69.18	121.06
Single	46.74		560.88	560.88	10.79	13.35	21.57	26.72	46.74
BASIC LIFE INSURANCE (50% Paid by Employee)	7.90		94.80	47.40	0.91	1.13	1.82	2.26	3.95
Vision Plan (100% Paid by Employee)									
Family	14.32		171.84	171.84	3.30	4.09	6.61	8.18	14.32
Single	5.18		62.16	62.16	1.20	1.48	2.39	2.97	5.18

PLEASE NOTE: Rates subject to change without notice.
There is a separate rate sheet for the GIC Medical Insurance.